



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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**D3195-7**  
**Job Sheet 190123**



**Part No:** D3195-7

**Job Qty:** ~~40~~ pcs

**Part Name:** Pad



**Part Weight:** 0 lbs

**Status:** New

**Priority:** Medium

**Job Created:** 2/5/19

**Job Tracking No:**

**Due Date:** 3/15/19

**Created By:** Jesse White

**Type:** Stock

**Description:** SIOP

**Note:** DWG REV B IPP Rev:A New Issue 05-12-05 JLM

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation                   | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|-----------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                             |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 100   | Small Fab - 1               | 10 pcs | 3/15/19    |          | 0.00      | 0.81    | Small Fab - 1         |           |                |
|       |                             |        |            |          |           |         | Small Fab - 2         |           |                |
|       |                             |        |            |          |           |         | Small Fab - 3         |           | DAS            |
|       |                             |        |            |          |           |         | Small Fab - 4         |           | 36             |
|       |                             |        |            |          |           |         | Small Fab - 5         |           | 9-89           |
|       |                             |        |            |          |           |         | Small Fab - 6         |           |                |
|       |                             |        |            |          |           |         | Small Fab - 7         |           |                |
| 110   | QC 5                        | 10 pcs | 3/15/19    |          | 0.00      | 0.00    | QC 5 - 10             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 12             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 17             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 18             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 19             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 22             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 24             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 3              |           |                |
|       |                             |        |            |          |           |         | QC 5 - 38             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 42             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 43             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 49             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 51             |           | DAS            |
|       |                             |        |            |          |           |         | QC 5 - 58             |           | 38 FEB 11 2019 |
|       |                             |        |            |          |           |         | QC 5 - 68             |           | 9-89           |
|       |                             |        |            |          |           |         | QC 5 - 9              |           |                |
|       |                             |        |            |          |           |         | QC 5 - 50             |           |                |
|       |                             |        |            |          |           |         | QC 5 - 30             |           |                |
| 120   | Packaging 3-1 - Stock - B4B | 10 pcs | 3/15/19    |          | 0.00      | 0.00    | Packaging 3 - 1 - B4B |           |                |
|       |                             |        |            |          |           |         | Packaging 3 - 2 - B4B |           |                |
|       |                             |        |            |          |           |         | Packaging 3 - 3 - B4B |           |                |
|       |                             |        |            |          |           |         | Packaging 3 - 4 - B4B |           | DAS            |
|       |                             |        |            |          |           |         | Packaging 3 - 5 - B4B |           | 28             |
|       |                             |        |            |          |           |         | Packaging 3 - 6 - B4B |           | 9-89           |

Plex 2/5/19 10:49 AM dart.white.jesse

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |

|                                    |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  |                  |    |
|------------------------------------|-----------------------------------------|---------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|------------------|------------------|----|
|                                    |                                         |                     |                   | Packaging 3 - 7 - B4B                                                                                                                                                                                                                                     |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 8 - B4B                                                                                                                                                                                                                                     |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 9 - B4B                                                                                                                                                                                                                                     |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 10 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 11 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 12 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 13 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 14 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 15 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 16 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 17 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 18 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 19 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 20 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 21 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 22 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 23 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 24 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 25 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | Packaging 3 - 26 - B4B                                                                                                                                                                                                                                    |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | 130 QC 21 - SA                                                                                                                                                                                                                                            | 10 pcs                | 3/15/19         | 0.00 0.00        | QC 21 - SA - 21  |    |
|                                    |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  | QC 21 - SA - 70  | 21 |
|                                    |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  | QC 21 - SA - 53  | 21 |
|                                    |                                         |                     |                   | Part Op 100 - (Small Fab) Cut & Punch as per Dwg D3195<br>Descriptions: 110 - (QC5- Inspect part completeness to step on W/O)<br>120 - (Identify as per dwg & Stock Location: _____) LOCATION : GA<br>130 - (QC21- Final Inspection - Work Order Release) |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | <b>Job BOM</b>                                                                                                                                                                                                                                            |                       |                 |                  |                  |    |
|                                    |                                         |                     |                   | <b>Part / Item</b>                                                                                                                                                                                                                                        | <b>Component Name</b> | <b>Quantity</b> | <b>Operation</b> | <b>Container</b> |    |
| D3195                              | 60 Durometer Neoprene Rubber 1/8" Thick | .1880 ft (.0188 ea) | 100-Small Fab - 1 | F158448                                                                                                                                                                                                                                                   |                       |                 |                  |                  |    |
| <b>Job Allocations</b>             |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  |                  |    |
| <b>Operation</b>                   | <b>Component Part</b>                   | <b>Required</b>     | <b>Inventory</b>  | <b>Allocated</b>                                                                                                                                                                                                                                          |                       |                 |                  |                  |    |
| 100-Small Fab - 1                  | D3195                                   | 0                   | 114               | 0                                                                                                                                                                                                                                                         |                       |                 |                  |                  |    |
| <b>Part Specifications</b>         |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  |                  |    |
| Specifications could not be found. |                                         |                     |                   |                                                                                                                                                                                                                                                           |                       |                 |                  |                  |    |

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Eng. (Non-AW) <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Supplier Quality <input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>       | Eng. (Non-AW) <input type="checkbox"/>       | Engineering <input type="checkbox"/>       | Machining <input type="checkbox"/>       | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Large Fab <input type="checkbox"/>          | Finishing <input type="checkbox"/>         | Rec/Store/Packaging <input type="checkbox"/> | Supplier Quality <input type="checkbox"/> |                                         |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cross tube <input type="checkbox"/>                                                                                               | Eng. (Non-AW) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Small Fab <input type="checkbox"/>                                                                                                | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Finishing <input type="checkbox"/>                                                                                                | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Supplier Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MRB (QSI042) |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| <div style="position: absolute; top: 10px; left: 10px; font-size: 8px;">           Dart Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Hamlet, ON K6A 1K7<br/>           CANADA<br/>           TEL: 1 813 832-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaerospace.com         </div> <div style="position: absolute; top: 50px; left: 150px; transform: rotate(-90deg); font-size: 10px;"> <b>Container No: S152454</b><br/> <b>Part: D3195-7</b><br/> <b>Job No: 190123</b><br/> <b>Serial No/Batch: S152454</b><br/>           Revision:<br/>           Inspector:<br/>           Exp Date:<br/>           Instructions: Various STC's         </div> <div style="position: absolute; top: 50px; left: 330px; font-size: 8px;">           Date: 02/11/19         </div> |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Completed By</b><br><br><hr/> <b>Lead hand / Supervisor</b><br><br><hr/> <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Root Cause<br><br>Operator<br><br>Manufacturing Process<br><br>Equipment/Tolerance<br><br>Handling/Pressures<br><br>Material<br><br>Product Improvement<br><br>Process Improvement<br><br>Human Factors <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table style="width:100%;"> <tr> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Weld Defect/Program <input type="checkbox"/></td> <td>Outside Tolerance <input type="checkbox"/></td> </tr> <tr> <td>Drain Direction <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Weld <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Out of Sequence <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Off-set/Set-up <input type="checkbox"/></td> <td></td> </tr> </table> |              |  | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Weld Defect/Program <input type="checkbox"/> | Outside Tolerance <input type="checkbox"/> | Drain Direction <input type="checkbox"/> | Drawing <input type="checkbox"/>   | Weld <input type="checkbox"/>              | Finish <input type="checkbox"/>    | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Out of Sequence <input type="checkbox"/>     | Misread <input type="checkbox"/>          | Off-set/Set-up <input type="checkbox"/> |  |
| Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Positioned Wrong <input type="checkbox"/>                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Weld Defect/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outside Tolerance <input type="checkbox"/>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Drain Direction <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drawing <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Finish <input type="checkbox"/>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Part Lost/Missing <input type="checkbox"/>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Misread <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |
| Off-set/Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |                                           |                                           |                                              |                                            |                                          |                                    |                                            |                                    |                                             |                                            |                                              |                                           |                                         |  |